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Hospitalization of Men at the Working Ages

NEARLY 10 out of every 100 men in the age range 17-64 years are admitted to a hospital annually, according to the experience of the Metropolitan Life Insurance Company office and field personnel protected under the Company's Group insurance program.* Including men on disability as well as those actively at work, the study covered cases hospitalized during the two-year period August 1, 1953, to July 31, 1955, and traced to October 1, 1955. This experience is not typical of the general population inasmuch as it relates to insurance company personnel protected under a liberal program.

The incidence of hospitalization in this study increased with advance in age, beginning with age 25. As Table 1 shows, the annual hospitalization rate rose from little more than six per 100 at ages 25-34 to nearly 14 per 100 at ages 55-64. However, at the youngest age group, 17-24, the rate was relatively high—10 per 100, or nearly at the level for men 45-54 years of age.

In addition to a greater frequency of hospitalization, the older men had a longer average hospital stay than the younger men. The time spent in a hospital by men between ages 25 and 44 at admission averaged close to 9 days. This compared with an average of 12 days for men in the age group 45-54 and 14 days for those at ages 55-64. For men 17-24 years of age, the average stay was practically 10 days—higher than for any other age group under 45.

The total amount of time spent in the hospital by the patients in this study was equivalent to slightly more than one day of hospitalization a year for each man in the insured group as a whole. As Table 1 shows, the figure varied from a low of .6 of a day for men in the age range 25-44 to a high of 1.9 days for those 55-64 years of age.

As indicated in Table 2, about one half of the men hospitalized were surgical patients. Under age 45, surgical cases were somewhat more frequent than nonsurgical, but at ages 45 and over the situation was reversed. In the experi-

*This study does not include personnel in the Pacific Coast States and Canada. For data on hospitalization of men at ages 60 and over see STATISTICAL BULLETIN, May 1955, pages 1-3.

TABLE 1—HOSPITAL ADMISSION RATE AND DURATION OF STAY, AGES 17-64
Insured Male Personnel of Metropolitan Life Insurance Company*
Cases Admitted August 1, 1953, to July 31, 1955, and Traced to October 1, 1955

Age Group (Years)	Annual Hospital Admissions per 100 Men Insured	Average Duration of Hospital Stay	
		Days per Case	Days per Man Insured
Ages 17-64	9.5	11.5	1.1
17-24	10.0	9.9	1.0
25-34	6.3	8.9	.6
35-44	7.3	8.8	.6
45-54	10.4	12.0	1.2
55-64	13.8	14.0	1.9

* Includes men actively at work and those on total and permanent disability; personnel in the Pacific Coast States and Canada are not included.

ence as a whole, the average length of hospital stay was less for the surgical than the nonsurgical cases —10.9 days and 12.2 days, respectively. This difference reflects the experience past midlife; under age 45 the average duration of hospital stay was about the same for both kinds of cases.

Abdominal operations were the most common type of surgery, accounting for more than a fourth of all the surgical cases. Herniotomies, operations on the appendix, and cholecystectomies were the most frequent abdominal operations. For the first two, the average period of hospitalization was somewhat less than that for all surgical cases combined, but the cholecystectomies required an average stay of about 18 days. The only classes of surgical cases in this study with a longer hospitalization period were neurosurgery (26 days), thoracic surgery (25 days), operations for malignant neoplasms (22 days), and prostatectomies (20 days). At the other extreme, hospital stay was shortest for men who had tumors or cysts removed (4.5 days), and for those with eye, ear, nose, or throat operations (5.3 days).

The details for cases hospitalized without surgery are shown in the lower tier of Table 2. In this group, the most common cause of hospitalization was the circulatory diseases, which accounted for one fourth of all nonsurgical cases; the diseases of the coronary arteries alone were responsible for almost one in every 12 nonsurgical cases. Men admitted to a hospital because of circulatory disease had a relatively long stay—an average of nearly 19 days; for men with coronary artery disease the average was slightly over 20 days. The period of hospitalization for the circulatory

diseases did not vary appreciably with age of the patient, but the incidence of hospitalization was much greater for men past midlife than for those under age 45.

Almost as many men were hospitalized for the diseases of the digestive system as for the circulatory diseases, but the average hospital stay for the former was relatively short, namely, 5.9 days. The diseases of the respiratory system, accidental injuries, and the diseases of the genito-urinary system ranked next in order of frequency of hospitalization, and together accounted for about one fifth of the nonsurgical cases. The average

TABLE 2—LEADING CAUSES OF HOSPITALIZATION AT AGES 17-64 YEARS

Insured Male Personnel of Metropolitan Life Insurance Company*

Cases Admitted August 1, 1953, to July 31, 1955, and Traced to October 1, 1955

Type of Case	Ages 17-64		Ages 17-44		Ages 45-64	
	Number of Cases	Average Duration of Hospital Stay, Days	Number of Cases	Average Duration of Hospital Stay, Days	Number of Cases	Average Duration of Hospital Stay, Days
	Cases With Surgery					
Surgical Cases—Total	2,421	10.9	998	9.0	1,423	12.3
Abdominal surgery	658	12.4	264	10.4	394	13.7
Herniotomy (all types)	237	10.1	65	8.5	172	10.7
Operations on the appendix	160	8.6	117	7.9	43	10.4
Cholecystectomy	96	17.9	21	12.8	75	19.4
General surgery	412	7.8	204	7.6	208	8.0
Removal of tumors or cysts	183	4.5	100	4.7	83	4.3
Urological surgery	371	11.4	96	8.1	275	12.5
Cystoscopy—examination or treatment	191	8.7	52	8.9	139	8.6
Prostatectomy	57	20.4	—	—	57	20.4
Proctological surgery	340	7.7	158	6.6	182	8.6
Hemorrhoidectomy	197	8.3	90	7.2	107	9.2
Eye, ear, nose, and throat	253	5.3	134	3.6	119	7.2
Bone, joint, and tendon surgery	183	10.1	81	10.4	102	9.9
Fractures	79	14.4	25	18.5	54	12.5
Neurosurgery	78	26.2	31	20.2	47	30.2
Thoracic surgery	70	25.0	22	31.5	48	21.9
Operations for malignant neoplasms	56	22.3	8	24.5	48	21.9
	Cases Without Surgery					
Nonsurgical Cases—Total	2,445	12.2	780	8.9	1,665	13.7
Diseases of circulatory system	610	18.8	70	16.7	540	19.1
Diseases of coronary arteries	205	20.1	14	23.4	191	19.8
Diseases of digestive system	602	5.9	247	5.0	355	6.5
Diseases of respiratory system	216	7.6	85	6.4	131	8.5
Accidental injuries	141	8.1	64	5.9	77	9.9
Diseases of genito-urinary system	117	5.4	47	5.0	70	5.6
Diseases of central nervous system	99	22.8	34	11.5	65	28.8
Arthritis and rheumatism	85	10.1	14	6.7	71	10.8
Psychoneurotic disorders	83	45.7	29	61.6	54	37.2

* Includes men actively at work and those on total and permanent disability; personnel in the Pacific Coast States and Canada are not included.

hospital stay for each of these three groups was well below that for nonsurgical cases as a whole. In contrast, the psychoneurotic disorders required the longest period of hospitalization — an average of more than 45 days; for men under age 45 the average was nearly 62 days, compared with about 37 days for those at ages 45-64.

Accident Hazards in the Home

THE prevention of home accidents is a challenging problem of major proportions. Mishaps in and about the home caused about 27,000 deaths in the United States during 1955, or nearly 30 percent of the total accident mortality. The toll from home accidents was almost twice that for work accidents and 1 2/3 times that for public accidents other than those involving motor vehicles; only motor vehicle accidents took a greater number of lives in the country as a whole. In many cities, particularly the larger ones, home accidents actually outranked every other class of fatal mishap. Moreover, nationally about 4 million nonfatal injuries are sustained in and about the home each year, approximately three times as many as in motor vehicle accidents.

The table on page 5 summarizes the circumstances under which home accidents occurred among the Industrial policyholders of the Metropolitan Life Insurance Company, ages 1-74 years, who died in such accidents in 1953 and 1954. Falls accounted for practically half of the deaths while fires and burns by other means were responsible for about an additional 30 percent of the total. Most of the other fatalities were due to firearm accidents and to poisoning by gas, solids, or liquids.

Fatal falls in and about the home vary widely in type, ranging from falls off roofs, out of windows, and from trees, to falls out of bed and slipping on the floor. Falls on stairs and steps were the leading cause, in large part because of the frequency of such mishaps at ages past 45. Older people account to an even greater extent for the relatively large number of fatal falls that occurred among persons who were merely walking about a room or going from one room to another on the same level. In general, the high death toll from falls among older people may be attributed to the large amount of time they spend in the home, to their increased susceptibility to falls because of impaired physical condition, and to the fact that when a fall does occur, the result is often serious.

Fire not infrequently consumes a house without leaving any trace of its cause. In this experience, one third of the policyholders who lost their lives in fires or from burns by other means were trapped in

homes destroyed by fires of undetermined or unstated origin. Careless smoking ranked high among the known causes, accounting for 13 percent of all deaths from fires and other burns. These deaths occurred when persons fell asleep while smoking in bed or in an upholstered chair or sofa, when burning cigarettes left on a chair or other furniture started fires which spread to other parts of the house after the family had retired for the night, and when clothing

DEATHS FROM ACCIDENTS IN AND ABOUT THE HOME

By Activity of Person or Circumstance. Ages 1-74 Years

Industrial Policyholders, Metropolitan Life Insurance Company, 1953-54

Activity or Circumstance	Number	Percent of Total in Each Category
Home Accidents—Total	2,198	—
Injury by falls—total	1,060	100
Walking on stairs and steps	404	38
Walking about or standing on floor	227	21
Agency not specified*	180	17
From porch	45	4
From bed	42	4
Out of window	39	4
From ladder	35	3
Walking in yard, on front walk	28	3
From roof	26	3
From chair	12	1
Other specified falls	22	2
Fires and burns by other means—total	636	100
Burning of home—cause undetermined or not stated	207	33
Smoking	79	13
In bed, on chair, sofa, etc.—usually falling asleep	63	10
Burning cigarette left on furniture	9	2
Clothing ignited by dropped cigarette, sparks from pipe	7	1
Clothing ignited while working at stove, warming self or walking near open fire	79	13
Explosion of cooking, water or space heating equipment	71	11
Oil fired (except kerosene)	32	5
Kerosene fired	7	1
Gas fired	22	3
Coal, wood, and not specified	10	2
Scalding—upsetting, falling into hot fluids	23	4
Explosion of gasoline or other flammable liquids used for cleaning purposes	21	3
Kindling fire with kerosene, gasoline	19	3
Fire caused by faulty electrical wiring	15	2
Children playing with matches	12	2
Discarding or dropping lighted match	9	1
Burning brush, trash	9	1
Falling against hot plate, radiator	8	1
Explosion of upset oil lamp	6	1
Explosion of leaking gas line, pipe	6	1
Other specified	28	4
Not specified	44	7
Injury by firearms—total	127	100
Playing with weapon	27	21
Pointing weapon in fun	9	7
Playing "Russian Roulette"	7	6
Injury by firearms—total (Cont.)		
Preparing weapon for use—cleaning, loading	22	17
Demonstrating or examining weapon	17	13
Other specified	12	10
Unspecified	33	26
Absorption of poisonous gas and vapors—total	118	100
Incomplete combustion of coal, gas, or oil	71	60
Inadequate air supply in room or unvented appliance	27	23
Faulty appliance, chimney, flue	23	19
Running automobile motor in closed garage	21	18
Escaping unburned utility (illuminating) gas	28	24
Jet accidentally opened or not tightly closed	20	17
Flame extinguished by overflowing liquids, jet turned on but not lighted	6	5
Other and unspecified	19	16
Acute poisoning by solids or liquids—total	75	100
Overdose of otherwise nonpoisonous medication	50	67
Barbituric acid and derivatives	35	47
Aspirin, bromide, paraldehyde	15	20
Ingestion of medication intended only for external use—oil of wintergreen, rubbing alcohol	8	11
Ingestion of other products—carbon tetrachloride, kerosene, gasoline, caustics, insecticides, lead	17	22
Choking by objects or food—total	39	100
Food	22	56
Vomitus	9	23
Other and not specified	8	21
Hanging, strangulation—total	27	100
Stunting with rope	19	70
Entangling in swing rope	5	19
Other	3	11
Electric shock—total	25	100
Drowning—total	23	100
Becoming ill while bathing	12	52
Children falling into cistern, well	7	31
Other and unspecified	4	17
Other and unspecified accidents	68	100

* Available information on the nature of the injury indicates that most of these deaths were due to falls on floors.

Note: Data for Pacific Coast States and Canada not included.

was ignited by dropped cigarettes or sparks from pipes. An additional 13 percent of the deaths resulted from women's clothes catching fire when the victim came too close to a stove or open fireplace. Almost as many fatalities were due to the explosion of cooking appliances or water or space heating equipment. Forty persons in this study lost their lives by the incautious use of flammable liquids for cleaning purposes or kindling fires. Twelve children died in fires they started by playing with matches.

Firearm accidents take more lives in and about the home than they do among persons who are hunting. Guns discharged by persons playing with them or pointing them in fun accounted for more than one fourth of all the deaths from firearms in this study. About as many fatalities resulted from weapons going off while they were being cleaned or loaded or while they were being demonstrated or examined.

The major cause of gas poisoning in the home is the absorption of carbon monoxide formed from the incomplete combustion of utility (illuminating) gas or other fuels. Deaths from this cause were 2½ times as frequent as those from escaping unburned gas. Fatal poisonings from solids or liquids were due in two out of every three cases to overdoses of otherwise nonpoisonous medication, particularly barbiturates (such as phenobarbital). Other poisonings resulted from the ingestion of medications intended for external use only, and from various substances such as carbon tetrachloride, kerosene, gasoline, caustics, insecticides, and lead.

Surprisingly enough, 27 deaths were due to accidental hanging or strangulation by ropes, belts, chains, or scarfs. Nineteen of the victims—mostly boys at ages 10 through 14—were killed while playing cowboys and Indians, practicing the "hangman's noose," or attempting to duplicate some other "hanging" stunt they had seen on television, at the movies, or at the circus. Five deaths occurred among children who became entangled in the rope while playing on swings.

Home accidents are amenable to control. Many deaths could be prevented by safer practices and through the simple expedient of better housekeeping and more adequate maintenance of equipment.

Pneumonia Mortality in Recent Years

Among the outstanding achievements of medical science in the past two decades have been the striking gains made in the control of pneumonia mortality. In 1955, the age-adjusted death rate from the disease was about 85 percent below that in 1935 among persons aged 1-74 years insured under Industrial policies in the Metropoli-

MORTALITY FROM PNEUMONIA BY SEX AND AGE

White Industrial Policyholders, Metropolitan Life Insurance Company, 1932-54

Age Period (Years)	White Males					White Females				
	Average Annual Death Rate per 100,000			Percent Decline 1952-54 Since:		Average Annual Death Rate per 100,000			Percent Decline 1952-54 Since:	
	1952-54	1942-44	1932-34	1942-44	1932-34	1952-54	1942-44	1932-34	1942-44	1932-34
1-74*	11.8	29.2	61.9	60	81	5.4	16.2	41.1	67	87
1- 4	12.3	31.4	79.7	61	85	10.4	30.3	69.4	66	85
5- 9	2.6	4.9	14.4	47	82	2.3	4.5	13.3	49	83
10-14	1.6	2.7	8.4	41	81	1.4	3.6	8.7	61	84
15-19	2.3	5.5	14.6	58	84	1.4	4.1	10.5	66	87
20-24	2.4	6.6	16.9	64	86	1.4	4.7	15.0	70	91
25-34	3.1	10.0	28.6	69	89	1.5	6.8	21.6	78	93
35-44	7.8	26.8	67.1	71	88	3.0	10.8	33.1	72	91
45-54	20.9	55.4	114.6	62	82	5.7	18.0	52.1	68	89
55-64	46.4	103.8	200.0	55	77	14.5	42.5	120.2	66	88
65-74	96.9	219.3	359.4	56	73	50.7	137.6	275.0	63	82

* Death rates adjusted for age on basis of the Standard Million Population of England and Wales, 1901.

Note: The percent declines overstate somewhat the actual improvement in mortality because the figures for 1952-54 reflect changes in the procedure of classifying causes of death effected by the Sixth Revision of the International List of Causes of Death.

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tan Life Insurance Company. In 1935, before sulfa therapy was introduced, the pneumonia death rate among these insured was 55.4 per 100,000; by 1945, when penicillin began to be used in civilian medical practice, the mortality rate was down to 19.4 per 100,000. With the subsequent introduction of other antibiotics in the treatment of pneumonia, the death rate dropped to only 7.8 in 1955.

Each age group in both sexes recorded a marked long-term reduction in pneumonia mortality, as is shown in the table on this page. Among white male policyholders the decrease between 1932-34 and 1952-54 was more than 80 percent for the age groups under 55 and exceeded 70 percent for ages 55-74. Even greater was the relative reduction in the pneumonia death rate among females. In this insurance experience, the mortality from the disease has decreased to very low levels in the age range 5-34 among white males and 5-44 among white females.

Pneumonia mortality is being concentrated more and more at the youngest and the oldest ages. Thus, in the general population of the United States in 1953, 24 percent of all the deaths from pneumonia (including pneumonia of the newborn) were among babies under one year of age; in 1933 the corresponding proportion was 18 percent. Similarly, in 1953 deaths from the disease at ages 65 and over accounted for 46 percent of the total, compared with 30 percent two decades earlier. Two major factors account for the growing concentration of pneumonia mortality at the extremes of life: first, the long-term downward trend in the death rate from the disease has been less rapid among

infants and the aged than for the other age groups; second, the proportion of the population at ages under 1 and at 65 and over has increased.

The shift in age distribution of pneumonia deaths is reflected in the changing proportion of deaths from the various forms of the disease. Whereas in 1933 deaths from lobar pneumonia outnumbered those from bronchopneumonia by nearly one fourth, in 1953 the number of deaths from bronchopneumonia was the greater by three fourths. The fact is that mortality from lobar pneumonia has become relatively rare among children and young adults.

Although outstanding progress has been made in reducing the mortality from pneumonia, the disease still accounts for more than 45,000 deaths a year in the United States. This figure, moreover, does not include the large number of deaths ascribed to other causes in which pneumonia is a contributory cause. Further reductions in pneumonia mortality may be expected, but it is not likely that the disease will soon become a minor cause of death, as have so many other infectious diseases. Exerting a retarding effect on future progress is the concentration of the mortality at the extreme ages, where the disease is least amenable to control. A special circumstance which keeps the pneumonia death rate high in infancy is the excessive frequency of the disease among premature babies; there appears to be no immediate prospect of appreciably reducing the incidence of prematurity. At the older ages the treatment of pneumonia is often complicated by the presence of cardiovascular disease or other chronic conditions. Another factor which retards further decline in pneumonia mortality is the appreciable frequency of cases caused by organisms which do not respond to chemotherapy.

It now appears that additional gains in the control of pneumonia mortality are contingent largely upon further reductions in the case fatality rate of the disease. Accordingly, increased emphasis needs to be placed on early recognition and prompt and adequate treatment. Particular attention should be paid to early signs of pneumonia in infants and children, in whom the disease may progress very rapidly. Recent studies show that many sudden deaths among infants which appear to be due to accidental suffocation prove on careful investigation to result from unrecognized respiratory disease.

Occupational Status and Family Building

A characteristic of the American way of life is the general tendency for families to advance in social-economic status, particularly during their formative years and the period of child dependency. The occupational shift that occurs among family heads during this

OCCUPATIONAL STATUS AND CHILD DEPENDENCY, WHITE FAMILIES, UNITED STATES, 1950

Major Occupation Group of Husband	Age of Wife							
	15-49	15-19	20-24	25-29	30-34	35-39	40-44	45-49
	Percent Distribution of Husbands							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Professional, technical, and kindred	8.7	2.4	7.1	9.9	9.3	9.1	9.0	8.0
Farmers and farm managers	9.9	9.9	8.4	8.4	9.3	10.4	11.3	12.5
Managers, officials, proprietors	12.7	3.1	6.3	9.5	13.0	15.7	17.3	17.2
Clerical, sales, and kindred	13.4	10.5	15.3	14.9	13.4	12.4	12.2	12.7
Craftsmen, foremen, and kindred	22.0	17.1	20.1	22.1	22.7	22.5	22.6	22.3
Operatives and kindred	21.7	33.7	28.2	23.8	21.9	19.7	17.4	16.0
Service workers	3.7	2.7	3.2	3.3	3.5	3.7	4.1	4.9
Farm laborers and foremen	2.1	8.0	3.5	2.2	1.7	1.6	1.4	1.5
Laborers, except farm and mine	5.8	12.6	7.9	5.9	5.2	4.9	4.7	4.9
	Percent of Wives With Children Ever Born							
Total	79.9	45.2	66.7	81.0	85.9	84.6	82.8	82.1
Professional, technical, and kindred	76.1	36.7	53.4	75.1	84.6	82.5	78.5	75.7
Farmers and farm managers	85.6	46.7	75.4	87.9	90.1	89.4	87.3	87.2
Managers, officials, proprietors	81.0	38.9	61.0	80.3	86.2	84.4	81.8	80.3
Clerical, sales, and kindred	74.7	36.9	57.7	76.0	82.3	80.5	79.0	77.7
Craftsmen, foremen, and kindred	81.1	44.2	67.8	82.2	86.1	85.1	84.0	83.0
Operatives and kindred	80.2	48.1	70.4	82.6	86.8	85.1	83.7	84.0
Service workers	78.6	45.1	67.5	80.8	82.9	79.8	80.7	80.6
Farm laborers and foremen	80.0	45.9	75.2	86.3	87.9	89.3	87.1	87.2
Laborers, except farm and mine	80.2	47.1	71.6	82.4	85.9	87.3	85.7	87.1
	Number of Own Children Under Age 5 per 1,000 Wives							
Total	572	512	898	966	714	436	197	42
Professional, technical, and kindred	584	397	648	947	855	499	194	32
Farmers and farm managers	637	527	1,102	1,150	812	525	294	83
Managers, officials, proprietors	452	436	780	924	714	409	164	22
Clerical, sales, and kindred	543	390	723	896	709	418	164	31
Craftsmen, foremen, and kindred	543	495	912	945	663	392	175	37
Operatives and kindred	624	551	957	965	667	420	197	44
Service workers	494	487	884	941	640	402	154	26
Farm laborers and foremen	794	516	1,092	1,160	862	617	418	96
Laborers, except farm and mine	663	560	1,014	1,010	726	501	249	58

Note: The data relate to women, married once, whose husband was or had been in civilian employment and for whom an occupation was reported.

Source of basic data: Bureau of the Census, *U. S. Census of Population*: 1950. Vol. IV, *Special Reports*, Part 5, Chapter C, *Fertility*, Washington, 1955, Tables 28 and 48.

important period, from unskilled employment to that requiring education, training, and experience, is evident from the Census of 1950; the data are shown in the upper tier of the table on page 9.

The proportion of husbands employed as operatives or at other semi-skilled work decreases from one third for families in which the wife is aged 15-19 years to one sixth in families in which she is 45-49 years of age. Laborers, both farm and nonfarm, likewise account for smaller proportions with advance in age. At the same time, there is a shift to the more remunerative occupations. For example, families with managers, officials, or proprietors at the head increase from 3 percent of the total in which the wife is aged 15-19 to 17 percent where she is 40-49 years. Craftsmen, foremen, and kindred workers and farmers also increase in relative importance.

In about three fourths of the white families in the United States, the wife has borne a child before she is 25 years of age; the proportion rises to six out of seven before age 35. At the younger ages, the proportion who have had a child varies considerably with the occupational status of the husband. Thus, at ages 20-24 more than half of the women married to clerical and professional workers had borne children, according to the 1950 Census data; for farm wives the corresponding proportion was three fourths. The percentages increase with advance in age for each occupational group, but the differences narrow.

A large segment of American families, even older ones, have children under age 5 in their care, but here again the situation varies with the occupation of the family head. The number of preschool children among wives at ages 15-19 ranges from 390 per 1,000 for the families of clerical or sales workers to 560 per 1,000 for those of general laborers. Young dependents per family have increased in all social-economic classes since World War II, with the largest relative gains among the groups which formerly had the lowest reproductive rates. Thus, at ages 25-29, when responsibility for young dependents is generally at a maximum, the number of children under age 5 per 1,000 women in 1950 was about 1½ times that in 1940 for the families of professionals, technicians, clerks, and salesmen. The increases were only one fifth or less for women whose husbands were either farm owners or laborers—occupational groups which still had the largest families in 1950.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
January 1956

Cause of Death	Annual Rate per 100,000 Policyholders*				
	January		Year		
	1956	1955	1955	1954	1953
All Causes†	699.3	676.4	623.3	620.4	646.1
Tuberculosis (all forms)	8.0	9.1	8.0	8.9	10.4
Communicable diseases of childhood	.3	.5	.3	.3	.3
Acute poliomyelitis	.2	.3	.6	.7	1.0
Malignant neoplasms	134.5	133.0	128.7	128.9	126.7
Digestive system	46.1	47.4	45.4	47.2	45.1
Respiratory system	18.0	15.7	16.4	16.5	15.7
Diabetes mellitus	17.9	16.9	14.9	14.8	15.6
Diseases of the cardiovascular-renal system	374.2	365.0	329.3	325.5	341.6
Vascular lesions, central nervous system	73.1	72.5	64.4	63.5	67.0
Diseases of heart	274.7	264.8	240.3	236.4	247.5
Chronic rheumatic heart disease	12.9	15.4	12.1	12.1	13.0
Arteriosclerotic and degenerative heart disease	213.8	204.4	185.5	178.5	185.3
Diseases of coronary arteries	124.2	115.9	107.4	105.6	108.7
Hypertension with heart disease	39.0	36.6	34.3	36.9	39.8
Other diseases of heart	9.0	8.4	8.4	8.9	9.4
Nephritis and nephrosis	8.5	11.1	8.3	9.0	10.5
Pneumonia and influenza	22.7	20.3	14.2	13.8	17.8
Complications of pregnancy, childbirth	.7	1.0	.9	1.1	1.3
Suicide	5.3	5.1	5.9	5.7	6.2
Homicide	2.2	2.3	2.1	2.8	3.0
Accidents—total	41.7	35.8	36.7	35.4	38.6
Motor vehicle	19.1	15.0	15.2	14.7	16.3
All other causes	91.6	87.1	81.7	82.5	83.6

* Persons insured under Weekly and Monthly Industrial premium-paying policies for the years 1953 and 1954; 1955 and 1956 include in addition persons with Ordinary Monthly Premium Policies for Less Than $1,000.

† Excludes war deaths (enemy action).

Note: The rates for 1955 and 1956 are provisional.

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MORTALITY FROM ALL CAUSES

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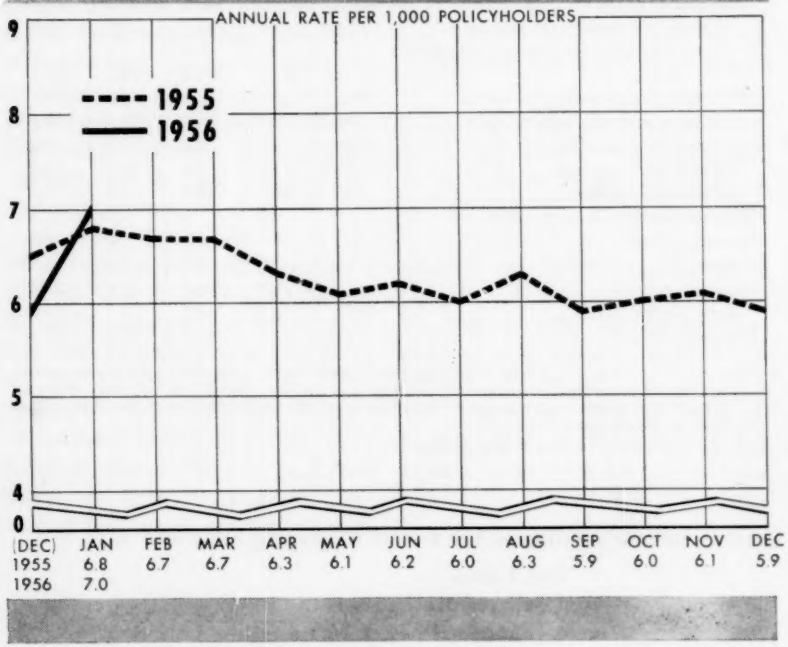

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